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AUG 24 2017

BY:

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Aug 24, 2017

Case Number: 18-13

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Eric B Cohen, DVM
Premise Name: Queen Creek Veterinary Clinic
Premise Address: 20201 East Ocotillo Rd.
City: Queen Creek State: AZ Zip Code: 85142
Telephone: (480) 987-8000

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Marianna Eastwood
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: (480) N/A Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Pepper Eastwood
Breed/Species: Terrier mix
Age: 4 years Sex: male Color: white, grey

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

please
ask question
before *
heart took

David F Eastwood III C will leave for Middle East
He was in office with me he in Navy Aug 25th
pepper to office & met him there.

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

my son David 25 his # is attached
in letter [redacted] (leaving for middle
East with
US Navy
Aug 25th
also doctor attached
end of letter -

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Maria T Eastwood

Date: 7/20/17

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

see Attached typed letter.
with witness
RATO.

To whom it is concerned

I am including this letter with my complaint form: My Name is Marianna Eastwood. Sunday, May 14th . My son was over for Mother's Day holding our dog Pepper (4 year old Terrier Mix) He told me that Pepper was making a noise when breathing . I Kept an eye on him next day I am at work son came by to check on him (I am a teacher had my phone beeping in my classroom) .My son has never called me at work before ,He said mom I am taking Pepper to the vet he is "breathing like he is in Pain" .My son is David F Eastwood III. (if you have any questions of him need to ask soon as he is leaving with the United States Navy in August .) I met them at the Vet (Queen Creek Veterinary Clinic) Dr. Eric Cohen. We told him thought he was in pain breathing .He said he needed to take X-rays and Dr. Cohen diagnosed him with Allergies. He gave me a print out of suggested allergy meds with doses. (enclosed) . As we put Pepper on floor in waiting room to put leash on him. He could not walk on his right leg . We were so upset we immediately said to the tech, walking us out stating , "something wrong more than Allergies " . We ask her to take him right back in, as we were just exiting the room . She took back in to him in while we waited outside door and told us Dr. Cohen said "you have to make another appointment for tomorrow and we will take x ray of his leg" . We could not believe he was sending us away like this .

My son had called another vet as we left describing Pepper to the office .They said come right over . That vet's team was fabulous Dr. Similo at (Arizona Animal Wellness Center). Dr. Similo examined Pepper 15 minutes after we left Dr. Cohen's office . Right away Dr. Similo said I think there is something wrong with his back and I think he has been injured this was before x-rays ,and asked if we knew if he had fell ? We said we had not seen him fall ,but he has Dog Door stays by himself, when we are both at work. He wanted X- rays and would request them from Cohen's office . Dr. Similo's talked to them we waited for an hour to get them from Dr. Cohen's office. They called back and found out they had closed their office after telling him they were going to send them . Dr. Similo's office was upset that they closed before sending them after he told them we were waiting .He asked if they could take x-rays again and said since we had been charged they would not charge again . (I enclosed Bill) He and his staff spent two hours with us. Total opposite from Cohen's office. He agreed Pepper was in pain. I asked could he have Valley Fever. He said if I wanted he would run Blood work but really thought it was his back. He showed us how when he touch a certain area of the Pepper's back that the noise became Louder. He told me if not better wanted to see him first thing in the morning. We went home Dr. Similo called personally after 10:00 PM his office was closed but called us to tell us blood work was negative.

By the middle of night Pepper's was now paralyzed on both legs . dragging them RIGHT AWAY and could not move his neck Dr Similo saw him still saying I think he has hurt his back and He needs surgery . He called and spoke to Dr Laura Stainback , Another Fabulous Vet (Veterinary Neurological Center.) By this time my Daughter had arrive at the clinic with my 10 year Grand daughter. My granddaughter explained she had seen Pepper fall on floor from a place in our house, She said Pepper knew he should not be a place in our Living room , when her and grandpa entered house , he was rushing to get off. She said he fell on his back . Dr. Similo was right all along. I was horrified that Dr Cohen had sent us away when he could see before we left his office that Pepper could not walk on right leg . Pepper was Quickly being Paralyzed to death . Dr. Similo told us now 7:00 at night that Dr Stainback was ready to do emergency surgery. She was downtown Phx.

We took Pepper there and Dr. Stainback examined him she explained " I am 95 percent can make him walk again" . Pepper is only 4 year old and beloved member of the family . There is much more to the story of this Pepper . We had a Pepper the cat for 15 years and she was picked out by my daughter Melissa as a little girl, and Pepper the cat had passed away two months after Melissa had lost, miscarried a 6 month baby boy here at our home . Melissa was still at our home and now losing her cat 2 months after her Baby ,my Grandson .

My husband told me he felt we needed another pet, Melissa, My Granddaughter and I went to Pet Smart just to look, and outside were all this animals, one dog stood out to us and we saw his name was "Pepper". I was not planning on getting another pet. But we felt that with that Name it was meant to be! You see we could not loose another loved one this soon. We are all attached .

Now My real complaint. I was Disturbed that Dr. Cohen sent us away when he could see that Pepper was in distress and now I know he could have died Being Paralyzed to death . Dr Simlo even before, Dr. Stainback had taken MRI was right on with his diagnosis. He thought that Pepper had injured his back and could be "pushing on the Spinal Cord". Dr Cohen too had examined Pepper and also his office , closed without sending the x-rays . He and his office showed no concern. Do Vets have an oath to "cause no harm: like Human Doctors? I am a teacher who makes very little money . I am paying monthly payments on Pepper's Bill That that was my choice . However my son suggested I ask for my money back from Dr. Cohen 's misdiagnoses .(I know your agency cannot cause money to be returned. But I feel this is much more important that you know this) I planned on going back to his office immediately and explaining what transpired and through a series of 6 events one of which My brother passed away within days of getting Pepper Home with a catheter. I went to Dr. Cohen's office On Friday, July 21 . I asked through his receptionist if he would consider giving my money back? I explained all we had been through after leaving his office . He refused and she came back saying "He never said he had allergies" and You did not tell him it was his leg!" I could not believe This! Remember, the leg being paralyzed was Happening while we were still in his office. Not only now is this about a Misdiagnoses but now He is Lying . That is why I am filing this Complaint .

(Side note took Pepper on First time to Dr. Cohen ,vomiting Also by my son. We Think he was drinking pool water. Was bothered then by no compassion . He wanted do clean his teeth for hundreds of dollars . Before making sure Pepper was Alright. When not sure of the cause of his vomiting and if going to be better.)

Thank you time , Marianna T Eastwood

My contact Info : Marianna Eastwood [REDACTED]

My son David Eastwood III [REDACTED] (he is leaving to the Middle East In August)

address [REDACTED]

Doctors contact on Bills enclosed:

contact Dr Eric Cohen Queen Creek Veterinary Clinic 480 987 8000 [REDACTED]

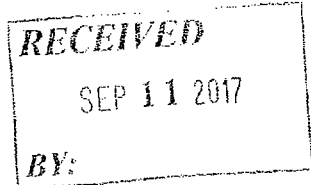
20201 East Ocotillo (filing Complaint against)

Bill 183.00 dollars plus cost Zyrtec (which I was not going to ask for)

Great Docs and witnesses to correct Diagnosis treatment and lack of x-rays being sent:

Dr. Justin Similo (Arizona Animal Wellness) [REDACTED]

Bill: 273.79



August 31, 2017

To: Az State VMB
From: Eric Cohen DVM
Queen Creek Veterinary Clinic
Re:18-13

Board members,

On May 16, 2017 Mrs. Eastwood walked into Queen Creek Veterinary Clinic at approximately 3:30 in the afternoon with a complaint to the reception staff that her dog "Pepper" was having breathing issues. At the time Mrs. Eastwood had not called nor scheduled an appointment. During that time, I was out of the office eating a late lunch as I had just finished a long mid day of surgery. The staff let me know what was going on and the dog appeared stable. I agreed to cut my lunch short and return early to work her in before my first afternoon appointment at 4:00 pm. She was checked into an exam room at 3:38 pm and I returned to see her shortly thereafter.

The focus of Mrs. Eastwoods presenting complaint seemed to be surrounded by unusual respiratory sounds that "Pepper" had been making. Based on the written board complaint, the respiratory noises had been going on for several days. The history noted the owner believed he may be in pain, but historically it seemed to be a very non-specific notation that could not be expanded upon.

During my physical examination, the only abnormal respiratory sound was an inspiratory stertor which was noted while examining the back half of "Peppers" body and again following his radiographs. At no time during my examination of "Pepper" did he exhibit nor have a history of any tell tale signs of thoraco-lumbar spinal pain (hunching of his back, vocalization/whining during abdominal palpation secondary to muscle spasms or sudden head movements while palpating the back half of his body). Unfortunately, he was quite stoic through everything that was done to him.

After my initial exam and hearing the owners concern primarily centered upon unusual respiratory sounds, I offered thoracic radiographs to put her mind at ease as to whether anything else may be going on in his lower airway. Mrs. Eastwood agreed.

Other than mild pulmonary changes, no significant findings were noted.

While going over x-rays, there did not appear to be any issue with "Pepper" as he was wandering around the exam room floor.

I suggested that "Pepper" may be exhibiting signs of rhinitis based on the stertorous sounds heard, but I was not confident of the etiology. I suggested trying some antihistamines and monitoring for progression of worsening upper respiratory sounds/disease.

I gave the assistant handling the case, Samantha Albino, the discharge directions along with handout instructions and I moved onto my next case that had been patiently waiting.

As I was finishing up with my 4:00 pm appointment, Samantha brought to my attention that Mrs. Eastwood stated that "Pepper" was now limping on his hind leg when she had brought him outside. She was insistent to be seen again for this issue. Knowing that "Pepper" had been previously diagnosed with an LPL in his Left hind leg and a questionable MPL in his Right hind leg, I advised Samantha I was suspicious that may be what was aggravating him after my exam. While I was finishing up with my records, I had Samantha bring him to the treatment area so I could take a look at his lameness. When I re-evaluated "Pepper" again, I did not localize any orthopedic pain from his coxo-femoral joints distally and he was standing on the treatment table on both hind limbs. Since his problem did not appear to be critical, I suggested that if the problem was persisting in the morning that Mrs. Eastwood consider dropping "Pepper" off in the AM so he could be re-evaluated and sedation and x-rays could be obtained if indicated without having to rush. I then moved on to my next appointment.

Unfortunately, this is an example of how things can change with a patient from one minute to the next, especially when dealing with the acute nature of intervertebral disc disease in small breed dogs. Even after a diagnosis was made later on that evening, and medications started, it did nothing to change the fact that "Pepper" suffered from an acute disc rupture that required surgery on May 17th; 24 hours later.

As it is well established, plain film radiographs are not diagnostic as to the localization of the bulging/ruptured disc in question, it is only suggestive. During my internship, many years ago, my mentor once told me if you suspect intervertebral disc disease, it doesn't matter what disc is the problem, you treat them the same way medically. Imaging is only valuable to rule out other diseases (e.g. Discospondylitis), or if you are going to go to surgery.

Initially in this case, I was led to believe I was looking for one problem (respiratory) with nothing historically that would indicate I should be looking for intervertebral disc disease, until things began to change clinically after diagnostics had already been performed for the primary presenting complaint ("Weird breathing sounds"). Nothing on my initial history/physical exam led me to believe that a more in depth musculoskeletal exam needed to be performed at that point in time.

While I truly empathize with Mrs. Eastwood and "Pepper", and I am certainly glad that she was able to have surgery done when it was needed, I do not believe that anything I did was a misdiagnosis based on her presenting complaint and the precautionary diagnostic steps I offered (thoracic radiographs) in light of the physical exam findings (inspiratory stertor) at that given point in time. As previously stated, when dealing with living creatures, things can change from second to second, minute to minute, hour to hour as they unfortunately did with "Pepper". As hindsight is always 20:20, being how stoic "Pepper" was during his exam and x-rays, the stertorous sounds he was making while I examined the back half of his body may have been his only way of expressing pain. If so, this was certainly atypical.

In regards to sending out radiographs, I can only apologize for not being able to send them to a different facility in a timely fashion as my reception staff is not trained in that area and it was not brought to my attention at the time. Copies of radiographs are typically given to an owner on CD if we anticipate the need to present them to another clinic. Only I and a few staff know how to log into the email system for radiographs. In this case, as things progressed, any thoraco-lumbar x-rays needed would have been an entirely different study from what was done at our facility.

Regards,

A handwritten signature in black ink, appearing to read 'EC', with a long horizontal line extending to the right.

Eric Cohen, DVM
Queen Creek Veterinary Clinic

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

9535 E. DOUBLETREE RANCH RD, STE. 100, SCOTTSDALE, ARIZONA 85258

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Alex Casuccio, D.V.M. - Chair
Ryan Ainsworth, D.V.M.
Christine Butkiewicz, D.V.M.
Mary Williams
Ed Hunter, R.Ph

STAFF PRESENT: Tracy Riendeau, CVT – Investigations
Victoria Whitmore, Executive Director
Sunita Krishna, Assistant Attorney General

RE: Case: 18-13
Complainant(s): Marianna Eastwood
Respondent(s): Eric Cohen, D.V.M. (License: 3030)

SUMMARY:

Complaint Received at Board Office: 8/24/17
Committee Discussion: 11/7/17
Board IIR: 12/13/17

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014
(Salmon); Rules as Revised September
2013 (Yellow).

On May 16, 2017, "Pepper," a 4-year-old male Terrier mix was presented to Respondent for breathing as if in pain. Respondent examined the dog and could not identify an area of pain and suspected possible allergies. Thoracic radiographs were performed and no significant findings were noted. As the dog was being discharged, Complainant noted the dog was lame on the right rear leg and requested Respondent evaluate the limb.

Respondent manipulated the limb and did not identify an issue; he requested Complainant bring the dog back if symptoms worsened.

Later that day, the dog was presented to Arizona Animal Wellness Center and was diagnosed with IVDD and a referral to a neurologist was recommended. The dog was discharged with pain medications.

The following day, the dog was presented to Arizona Animal Wellness Center with hind limb paresis. The dog was referred to Veterinary Neurology Center where IVDD was confirmed and a dorsal hemilaminectomy was performed.

Complainant contends Respondent was negligent in the care of the dog.

Complainant was noticed and was present.

Respondent was noticed and was present with counsel, David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Marianna Eastwood*
- Respondent(s) narrative/medical record: *Eric Cohen, DVM*
- Consulting veterinarian(s) narrative/medical record: *Arizona Animal Wellness Center and Veterinary Neurology Center.*

PROPOSED 'FINDINGS of FACT':

1. On May 16, 2017, the dog was presented to Respondent for breathing issues. Complainant felt the dog was painful which was causing the abnormal respirations. Upon exam, the dog had a weight = 19.6 pounds, a temperature = 102.1 degrees, a heart rate = 100bpm and a respiration rate = 40rpm. Respondent noted the abdomen was non-painful, there was no nasal congestion and the heart and lungs were clear; however Respondent noted a rare upper respiratory stridor while examining the back end of the dog. When the dog was picked up he made an inspiratory stridor – upper respiratory.

2. Respondent discussed that the dog had possible early upper respiratory tract infection vs allergic. He recommended thoracic radiographs which were approved. No significant findings were noted. Respondent recommended Complainant monitor for progression of upper respiratory tract sounds and signs and gave her an antihistamine handout.

3. While Complainant was checking out, she noticed the dog was not using his right rear leg and requested staff to take the dog back to Respondent for evaluation. Respondent manipulated the leg and did not find any obvious issues. He recommended bringing the dog back for radiographs under sedation if the issue persisted.

4. Complainant was not convinced the dog had allergies and was concerned there was something more going on therefore she contacted Arizona Animal Wellness Center who told her to come in at that time.

5. Later that day, the dog was presented to Dr. Similo at Arizona Animal Wellness Center for a second opinion. Upon exam, it was noted that the dog was tense on abdominal palpation with an expiratory grunt. The dog was ambulatory on all four limbs but had bilateral hind limb ataxia. Dr. Similo did not identify any discomfort on palpation of the limbs or soft tissue swelling but on palpation along mid-caudal thoracic spine a significant pain response was noted. Based on his findings, Dr. Similo had concerns of a spine injury, IVDD, and recommended a CT scan to confirm. Since the record had not been received from Respondent yet, Dr. Similo offered to perform repeat radiographs at no charge; he also recommended blood work.

6. Radiographs revealed a narrowing between intervertebral discs spaces T10 – T11 and T11 – T12. Dr. Similo discussed the findings and referral to neurologist vs medical management and potential risks of progression. Complainant elected to pursue medical management. The dog was administered buprenorphine and sent home with gabapentin, Rimadyl and methocarbamol as well as signs of progression.

7. The following day, the dog was presented to Dr. Similo non-ambulatory on his hind limbs,

absent CPs in the hind end, increased hind limb reflexes, and a conscious superficial pain response in the hind end. Referral to a neurologist was recommended and Complainant left with the dog.

8. Later that day, the dog was presented to Dr. Stainback at Veterinary Neurology Center for evaluation. Dr. Stainback went over the dog's history --- the dog underwent emergency diagnostic imaging and was diagnosed with a Type I intervertebral disc extrusion at T11 - 12. Surgical decompression was completed immediately following imaging and went smoothly. The dog remained hospitalized until the 19th.

COMMITTEE DISCUSSION:

The Committee discussed that the dog had a rupture disc and looking back in hindsight it was clear that it was a developing issue at the time Respondent saw the animal. However, the dog was not exhibiting the typical signs of a disc problem - not yelping in pain or showing specific signs that his back hurt.

There were concerns of back leg lameness when the dog walked out of the exam room. Another exam did not reveal a pain response from the dog at the time the exam was performed. There was a difference in description of the dog with respect to his lameness at that time --- one said paralysis and one said the dog was walking on all fours.

With a developing disc problem, a dog can have a bulging disc which causes discomfort and possible abnormal breathing due to pain however it can be difficult to figure out. When the disc continues to exude and put pressure on the nerves, the pain increases and paresis sets in, then the diagnosis can be obtained. The subsequent doctor had the advantage of seeing the paresis and signs of disc disease that was not present when Respondent examined the dog.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 1, with Dr. Butkiewicz abstained.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'Riendeau', written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division